3. Sex of Child  Male in event of plannal  Father  PATHER  Pull name  Pather  Pather  Pull name  Pather  Pul	54
Town of ORIGINAL CERTIFICATE OF BIRTH County Registrar No.  State Index No.  Local Registrar No.  State Index No.  In supplemental State of Califelia in expension of State of Califelia In expension of State of Califelia In expension of State of State of Califelia In expension of Califelia In expension of State of Califelia In expension of Califerica Industry In the Califelia In Expension of Califelia In Expension of Califelia Industry Industr	54
Town of Many County Registrar No.  ORIGINAL CERTIFICATE OF BIRTH County Registrar No.  It birth is nowned or stated in the supplemental or industry Registrar No.  ORIGINAL CERTIFICATE OF BIRTH No.  It child is many supplemental or industry Registrar No.  ORIGINAL CAUNTY Registrar No.  ORIGINAL CAUNTY Registrar No.  It child is many supplemental or industry Registration of birth of child herein (b) Been alive and now living Registration Registration or industry Registration Registra	657
City of City of Child and Color of the color of the child and including this child.  (If birth occurred in a hospital or institution five its NAME instead of its highly occurred in a hospital or institution five its NAME instead of its name of child is not supplemental.  (If birth occurred in a hospital or institution five its NAME instead of its name of child is not supplemental.  (If birth occurred in a hospital or institution five its NAME instead of its name of third is supplemental.  (If birth occurred in a hospital or institution five its name of thirth supplemental.  (If birth occurred in a hospital or institution five its name of birth.  (If birth occurred in a hospital or institution five its name of birth.  (If birth occurred in a hospital or institution fill is name.  (If birth occurred in a hospital or institution fill is name.  (If birth occurred in a hospital or institution fill is name.  (If birth occurred in a hospital or institution fill is name.  (If birth occurred in a hospital or institution fill is name.  (If birth occurred in a hospital or institution fill is name.  (If birth occurred in a hospital or institution fill is name.  (If birth occurred in a hospital or institution fill is name.  (If the in a hospital or institution fill is name.  (If the in a hospital or institution fill is name.  (If the in a hospital or institution fill is name.  (If the in a hospital or institution fill is name.  (If the in a hospital or institution fill is name.  (If the in a hospital or institution fill is name.  (If the in a hospital or institution fill is name.  (If the institution fill is nam	
City of Child Color.    City by the occurrency in a hospital or institution, kive its NAME instead of a lift child is median of the color.    City of Child Color.   City of place   Child   Color of place   Child   Color of place   City of	************************
2. Full name of child   COTO.   STO.   If child is me supplemental    3. Sex of Child   To be answered ONLY in event of plural   I. Twin, triplet or other   I. Legitimate?    Male, in event of plural   I. No., in order of birth   II.   MOTHER    Full name   State   II.   MOTHER    Full maiden name   To the state    9. Residence (Usual place of abode)   If nonresident, give place and state    16. Color or race   II. Age at last birthday   I. Color or race    Ministration   II. Age at last birthday   II. Age at last birthday    12. Birthplace (city or place)   Alexandron    (State or country)   Methods   II. Birthplace (city or place)    (State or country)   Methods   II. Occupation    Nature of industry   Mother    (Taken as of time of birth of child herein    (b) Bern alive and now tiving    (Calculation   II. Were precautions taken again    (Taken as of time of birth of child herein    (c) Stillborn   II. Were precautions taken again    (Calculation   II. Were	treet and nun
3. Sex of Child  Male, in event of planni  Male, in event of planni  S. Ne., in order of birth  MOTHER  Full name  PATHER  9. Residence (Usual place of abode)  16. Ne., in order of birth  MOTHER  Full maiden name  17. MoTHER  18. Residence (Usual place of abode)  19. Residence (Usual place of abode)  10. Color or race  MALECTUL 11. Age at last birthday  11. Birthplace (city or place)  12. Birthplace (city or place)  13. Occupation  Nature of industry  Nature of children of this mother  (Taken as of time of birth of child herein (b) Born alive and now living  12. Stillborn  13. Were precautions taken again thalming meanaturum?  14. MOTHER  Full maiden name  (Usual place of abode)  15. Residence (Usual place of abode)  16. Color or race  17. Age at last birthday  18. Birthplace (city or place)  (State or country)  19. Occupation  Nature of industry  19. Were precautions taken again thalming meanaturum?  19. Stillborn  10. Stillborn  10. Stillborn  11. Were precautions taken again thalming meanaturum?	yet named,
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(Usual place of abode)  If nonresident, give place and state  II nonresident, give place and state  II. Color or race    Color or race   Color	callo
10. Color or race    McActer   11. Age at last birthday   (Years)   12. Birthplace (city or place)   Color of race   13. Occupation   13. Occupation   Nature of industry   Manual   14. Bern alive and now living   21. Were precautions taken again (Taken as of time of birth of child herein (b) Bern alive but now dead   21. Were precautions taken again thalmin necessaries?   13. Occupation   14. State of country   15. Occupation   15. Occupation   16. Bern alive and now living   17. Were precautions taken again thalmin necessaries?   18. Birthplace (city or place)   18. Birthplace (city or	cer C
10. Color or race    McActer   11. Age at last birthday   (Years)   McActer   12. Birthplace (city or place)   McActer   13. Birthplace (city or place)   McActer   14. Birthplace (city or place)   McActer   15. Birthplace (city or place)   McActer   16. Birthplace (city or place)   McActer   18. Birthplace (city or place)   McActer   (State or country)   McActer   (State or country)   McActer   19. Occupation   Nature of industry   McActer   19. Occupation   Nature of industry   McActer   (a)   Born alive and now living   21. Were precautions taken again (Taken as of time of birth of child herein (b)   Born alive but now dead   (Color or race   McActer   17. Age at last birthday   18. Birthplace (city or place)   18.	
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12. Birthplace (city or place)  (State or country)  13. Occupation  Nature of industry  14. Deen alive and now living  (Taken as of time of birth of child herein certified and including this child.)  15. Birthplace (city or place)  (State or country)  (State or coun	100
(State or country)  (State	Alle
13. Occupation  Nature of industry  Nature of industry  19. Occupation  Nature of industry  Nature of industry  20. Number of children of this mother  (Taken as of time of birth of child herein (b)  Born after but now dead  (Taken as of time of birth of child herein (c)  Stillborn	· · M
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	Day.
CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE*  I hereby certify that I attended the birth of this child, who was 1000 Clark at men the	
The process contains the statement one water of the Child Child And And And And And And And And And An	
(Born alive or antiborn.)	late above sta
When there was no attending physician or midwife, then the father, householder, etc., Signature	**********************
should make this return. A stillborn child is one that neither breathen nor shows other vidences of life after birm.  Address	rife)
Given name added from a supplemental report Filed Quy 3/ 19 24 (78)	u
Month, day, year.	Registrar.
Z Bagistrae. Flied 1 1927 Count	<b></b> -/